



# State of Delaware

## Delaware Department of Justice Complaint Form

The Delaware Department of Justice is committed to providing high-quality services to Delaware residents. We want to know if you have a complaint about your interaction with a DOJ employee. Thank you for taking the time to communicate your concern.

**Instructions: Please type or print legibly in ink and complete the form in full.**

**Name:** (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

**Address:** (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip code) \_\_\_\_\_

**Home Telephone :** \_\_\_\_\_ **Mobile Telephone:** \_\_\_\_\_

**Work Telephone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Please detail the nature of your complaint. BE SPECIFIC**

The name of the employee who is the subject of the complaint: \_\_\_\_\_

Date and time of interaction: \_\_\_\_\_

Location of interaction: \_\_\_\_\_

If in connection with a case, the case name and number: \_\_\_\_\_

**You may use additional paper, if necessary. Please include all relevant information and attach a copy of relevant documents.**

**Sign and date this form. The Department of Justice cannot process any unsigned, incomplete, or illegible documents. I understand that this form may be subject to public disclosure under the Delaware Freedom of Information Act, 29 Del. C. ch. 100.**

**I certify under penalty of perjury that the information provided on this form is true and correct to the best of my knowledge.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

**Mail complaint form to:**  
Delaware Department of Justice  
Chief of Staff  
820 North French Street  
Wilmington, DE 19801

**For office use only:**

Index number \_\_\_\_\_ Date received \_\_\_\_\_ Signature \_\_\_\_\_ Rev. 01/04/2011

